

**afatinib tablet (GILOTRIF)**

**Diagnosis Considered for Coverage:**

- Non-small cell lung cancer (NSCLC)- squamous and non-squamous

**Coverage Criteria:**

**For non-small cell lung cancer:**

- Dose does not exceed 40 mg per day, **and**
- Attestation of the presence of the EGFR gene mutation, **and**
- One of the following:
  - Being used as a single agent,  
**or**
  - Being used in combination with Erbitux (cetuximab) AND patient had disease progression on prior EGFR TKI therapy (e.g. Tarceva, Iressa, Vizimpro, Gilotrif, Tagrisso)

**Coverage Duration:** one year

Effective Date: 11/29/2023